## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

244233USZ SRA

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |   |                     |   |     | SMALL ENTITY TYPE   |                        |     | OTHER THAN R SMALL ENTITY |                        |  |  |  |
|--|--|---|-----------------|---|---------------------|---|-----|---------------------|------------------------|-----|---------------------------|------------------------|--|--|--|
| TOTAL CLAIMS   |  |   | 19              |   |                     | -                                       | -   | RATE                | FEE                    |     | RATE                      | FEE                    |  |  |  |
| FOR  |  |   | NUMBER FILED    |   | NUMB                | ER EXTRA                                |     | BASIC FEE           | 385.00                 | OR  | BASIC FEE                 | 770.00                 |  |  |  |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                      | /9 minus 20=    |   | *                   |   |     | X\$ 9=              |                        | OR  | X\$18=                    |                        |  |  |  |
| INDEPENDENT CLAIMS   |  |   | 5 mil           | nus 3 =   | * 2                 |   |     | X43=                |                        | OR  | X86=                      | 172                    |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESEN  |  |   |                 | SENT  |                     |   |     | +145=               |                        | OR  | +290=                     |                        |  |  |  |
| * If the difference in column 1 is less than ze  |  |   |                 |   | "0" in c            | olumn 2                                 |     | TOTAL               |                        | OR  | TOTAL                     |                        |  |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |   |                     |   |     | SMALL               |                        | OR  | OTHER<br>SMALL            |                        |  |  |  |
| (Column 1)   |  |   |                 | (Column<br>HIGHES   |                     | (Column 3)                              | l r | SWALL               |                        |     | SWIALL                    |                        |  |  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT                 |                 | NUMI<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                        |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                      | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus           | **  |                     | =                                       |     | X\$ 9=              |                        | OR  | X\$18=                    |                        |  |  |  |
|  | Independent                                    | *   | Minus           | ***   |                     | =                                       |     | X43=                | -                      | OR  | X86=                      |                        |  |  |  |
|  | FIRST PRESE                                    | NTATION OF MU                                   | JLTIPLE DEF     | PENDENT   | CLAIM               |   |     | +145=               |                        | OR  | +290=                     |                        |  |  |  |
|  |  |   |                 |   |                     |   |     | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE       |                        |  |  |  |
|  |  | ,   | 40011.1 EE      |   |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |     |                     |                        |     |                           |                        |  |  |  |
| AMENDMENT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                 | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID   | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA                        |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                      | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus           | **  |                     | =                                       |     | X\$ 9=              |                        | OR  | X\$18=                    |                        |  |  |  |
|  | Independent                                    | *   | Minus           | ***   | CLAINA              | =                                       |     | X43=                |                        | OR  | X86=                      |                        |  |  |  |
| L  | FIRST PRESE                                    | NTATION OF ML                                   | JETIPLE DEF     | ENDENT  | CLAIN               |   | ' [ | +145=               |                        | OR  | +290=                     |                        |  |  |  |
|  |  |   |                 |   |                     |   |     | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE       |                        |  |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |   |                     |   |     |                     |                        |     |                           |                        |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                 | HIGH<br>NUMI<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                        |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                      | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus           | **  |                     | = .                                     |     | X\$ 9=              |                        | OR  | X\$18=                    |                        |  |  |  |
|  | Independent                                    | *   | Minus           | ***   |                     | =                                       |     | X43=                |                        | OR  | X86=                      |                        |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                     |   |     | +145=               |                        | OR  | +290=                     |                        |  |  |  |
| * If th entry in column 1 is less than the ntry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                 |   |                     |   |     |                     |                        | OD. | TOTAL                     |                        |  |  |  |
| ***  | ff the "Highest Nu                             | mber Previously Pa                              | aid For" IN THI | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                     |   |     |                     |                        |     |                           |                        |  |  |  |